

# Work Order ID 135567

Wednesday, August 12, 2015 4:04:18 PM

**\*135567\***

Page 1

Item ID: D2444 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Pip Pin Assembly  
 Start Date: 8/12/15 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 8/12/15 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: ML5 Date: AUG 17 2015 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start **\*NR1\***  
 Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code      | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                 |
|--------------------------------|--------------------------------------------------|----------------------|---------|--------|-------------------|---------------|---------------|------------------|--------------------------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                              |                      |         |        |                   |               |               |                  |                                |
| D2444                          | Rev B                                            |                      |         |        |                   |               |               |                  |                                |
| 100                            | Small Fab                                        | 0.00                 |         |        | DAS<br>30<br>9-89 | <u>4</u>      |               |                  | AUG 20 2015                    |
| <b>*100*</b>                   |                                                  |                      |         |        |                   |               |               |                  |                                |
| Small Fab                      | Memo                                             | 0.00                 |         |        |                   |               |               |                  |                                |
| Small Fab                      | Assemble D2444 as per Dwg D2444Identify as D2444 |                      |         |        |                   |               |               |                  |                                |
| 110                            | QC5- Inspect part completeness to step on W/O    | 0.00                 |         |        |                   |               |               |                  |                                |
| <b>*110*</b>                   |                                                  |                      |         |        |                   |               |               |                  |                                |
| QC                             | Memo                                             | 0.00                 |         |        |                   |               |               |                  | DAS<br>38<br>9-89              |
| Quality Control                |                                                  |                      |         |        |                   |               |               |                  | AUG 20 2015                    |
| 120                            | Identify as per dwg & Stock Location: <u>GA</u>  | 0.00                 |         |        |                   |               |               |                  |                                |
| <b>*120*</b>                   |                                                  |                      |         |        |                   |               |               |                  |                                |
| Packaging                      | Memo                                             | 0.00                 |         |        |                   |               |               |                  | DAS<br>6<br>9-89               |
| Packaging                      | LOCATION : GA                                    |                      |         |        |                   |               |               |                  | <u>4</u> <u>JA</u> AUG 20 2015 |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Completed By                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                       | OTHER : <input type="checkbox"/>             |  |

**Work Order ID 135567**

Wednesday, August 12, 2015 4:04:18 PM

**\*135567\***

Page 2

Item ID: D2444

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Pip Pin Assembly

Start Date: 8/12/15 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 8/12/15 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursTool ID Tool # Plan  
CodeAccept Reject Reject Insp.  
Qty Qty Number Stamp

130

QC21- Final Inspection - Work Order Release

0.00

**\*130\***

QC

Memo

0.01

Quality Control

MLJ AUG 21 2015

MLJ AUG 20 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                            |                                                 |                                               | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>       | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>            | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>    | Rec/Store/Packaging <input type="checkbox"/>   | Other <input type="checkbox"/>     | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/>            | Supplier <input type="checkbox"/>      |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |  |  |  |  |                                        |                                   |               |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |
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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Environment <input type="checkbox"/></td> <td style="border: none;">No Re-verification <input type="checkbox"/></td> <td style="border: none;">Pressure/Forced <input type="checkbox"/></td> <td style="border: none;">Temperature/Cure <input type="checkbox"/></td> <td style="border: none;">Power Loss/Surge <input type="checkbox"/></td> <td style="border: none;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Design <input type="checkbox"/></td> <td style="border: none;">Operator <input type="checkbox"/></td> <td style="border: none;">Bending <input type="checkbox"/></td> <td style="border: none;">Set-up <input type="checkbox"/></td> <td style="border: none;">Folio/Program <input type="checkbox"/></td> <td style="border: none;">Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Doc/Data <input type="checkbox"/></td> <td style="border: none;">Offset/Setup <input type="checkbox"/></td> <td style="border: none;">Centre Not Concentric <input type="checkbox"/></td> <td style="border: none;">BOM/Route <input type="checkbox"/></td> <td style="border: none;">Grain <input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Equip/Tooling <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;">Cracks <input type="checkbox"/></td> <td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td> <td style="border: none;">Weld <input type="checkbox"/></td> <td style="border: none;">Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Handling/Pre <input type="checkbox"/></td> <td style="border: none;">Training <input type="checkbox"/></td> <td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Material <input type="checkbox"/></td> <td style="border: none;">Use for Testing <input type="checkbox"/></td> <td style="border: none;">Cuffs <input type="checkbox"/></td> <td style="border: none;">Contamination <input type="checkbox"/></td> <td style="border: none;">Out of Sequence <input type="checkbox"/></td> <td style="border: none;">Part Moved <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Internal Transport <input type="checkbox"/></td> <td style="border: none;">Poor Information <input type="checkbox"/></td> <td style="border: none;">Crushing <input type="checkbox"/></td> <td style="border: none;">Countersink <input type="checkbox"/></td> <td style="border: none;">Off-set <input type="checkbox"/></td> <td style="border: none;">Drawing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Tribal Knowledge <input type="checkbox"/></td> <td style="border: none;">Rushing <input type="checkbox"/></td> <td style="border: none;">Heat Treat <input type="checkbox"/></td> <td style="border: none;">Cut Too Short <input type="checkbox"/></td> <td style="border: none;">Mislabeled <input type="checkbox"/></td> <td style="border: none;">Finish <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">LOA <input type="checkbox"/></td> <td style="border: none;">Product Improvement <input type="checkbox"/></td> <td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td> <td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td> <td style="border: none;">Fit/Function <input type="checkbox"/></td> <td style="border: none;">Misread <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Substation <input type="checkbox"/></td> <td style="border: none;">Process Improvement <input type="checkbox"/></td> <td style="border: none;">Marks/Chatter <input type="checkbox"/></td> <td style="border: none;">Drill Holes <input type="checkbox"/></td> <td style="border: none;">Misaligned/off center <input type="checkbox"/></td> <td style="border: none;">Turning Sequence <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Past Expiry Date <input type="checkbox"/></td> <td style="border: none;">Manufacturing Process <input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td style="border: none;">Misidentified <input type="checkbox"/></td> <td style="border: none;">Past Due <input type="checkbox"/></td> <td colspan="4" style="text-align: center;">OTHER : _____</td> </tr> </table> |                                                                                                                                                                                    | Environment <input 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Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> |  |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | OTHER : _____ |  |  |  | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Power Loss/Surge <input type="checkbox"/></td> <td style="border: none;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Folio/Program <input type="checkbox"/></td> <td style="border: none;">Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Grain <input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Weld <input type="checkbox"/></td> <td style="border: none;">Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Out of Sequence <input type="checkbox"/></td> <td style="border: none;">Part Moved <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Off-set <input type="checkbox"/></td> <td style="border: none;">Drawing <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Mislabeled 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Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                       | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>     | Part Lost/Missing <input type="checkbox"/>    |                                           |                                           |                                    |                                      |                                    |                                    |                                            |                                             |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                              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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                       | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                | Drawing <input type="checkbox"/>              |                                           |                                           |                                    |                                      |                                    |                                    |                                            |                                             |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                              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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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 |                                       |                                  |                                                |                                           |

# Picklist Print

Wednesday, August 12, 2015 4:04:18 PM

Work Order ID: 135567

**\*135567\***

Parent Item: D2444

**\*D2444\***

Parent Item Name: Pip Pin Assembly

Start Date: 8/12/15

Required Date: 8/12/15

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: C03.04.04Reformat; Incorporated D2690-XKJ/RF

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Stat |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|------|

BLRS-002

Purchased

No

100

Each

4.0000

1

DAS  
30  
9-89

**\*\***

AUG 20 2015

**\*RI RS-002\***

Quick Release Pin (3/16" x 1.5")

Location

Loc Qty

Loc Code

ST550

4

m132778

4

D2690-6

Manufactured

No

100

Each

13.0000

1

DAS  
30  
9-89

**\*\***

AUG 20 2015

**\*D2690-6\***

Lanyard

Location

Loc Qty

Loc Code

ST009

10

134004

10

ST012a

3

134527

3

M135626

③

✓

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:12.5%;">Skid-tube <input type="checkbox"/></td> <td style="width:12.5%;">Cross tube <input type="checkbox"/></td> <td style="width:12.5%;">Water Jet <input type="checkbox"/></td> <td style="width:12.5%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                               |  |                       |                                              |  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Cross tube <input type="checkbox"/>            | Water Jet <input type="checkbox"/>                                                                                                                                                 | Engineering <input type="checkbox"/>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>             | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>             | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                       | Other <input type="checkbox"/>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>             | Supplier <input type="checkbox"/>                                                                                                                                                  |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  | MRB (QSI042) Approval |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |  |                       | Completed By                                 |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       | QC / QA Coordinator Approval                 |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Root Cause                                                   |                                                |                                                                                                                                                                                    |                                                            | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Drawing <input type="checkbox"/>              |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finish <input type="checkbox"/>               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Misread <input type="checkbox"/>              |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |  |                       |                                              |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

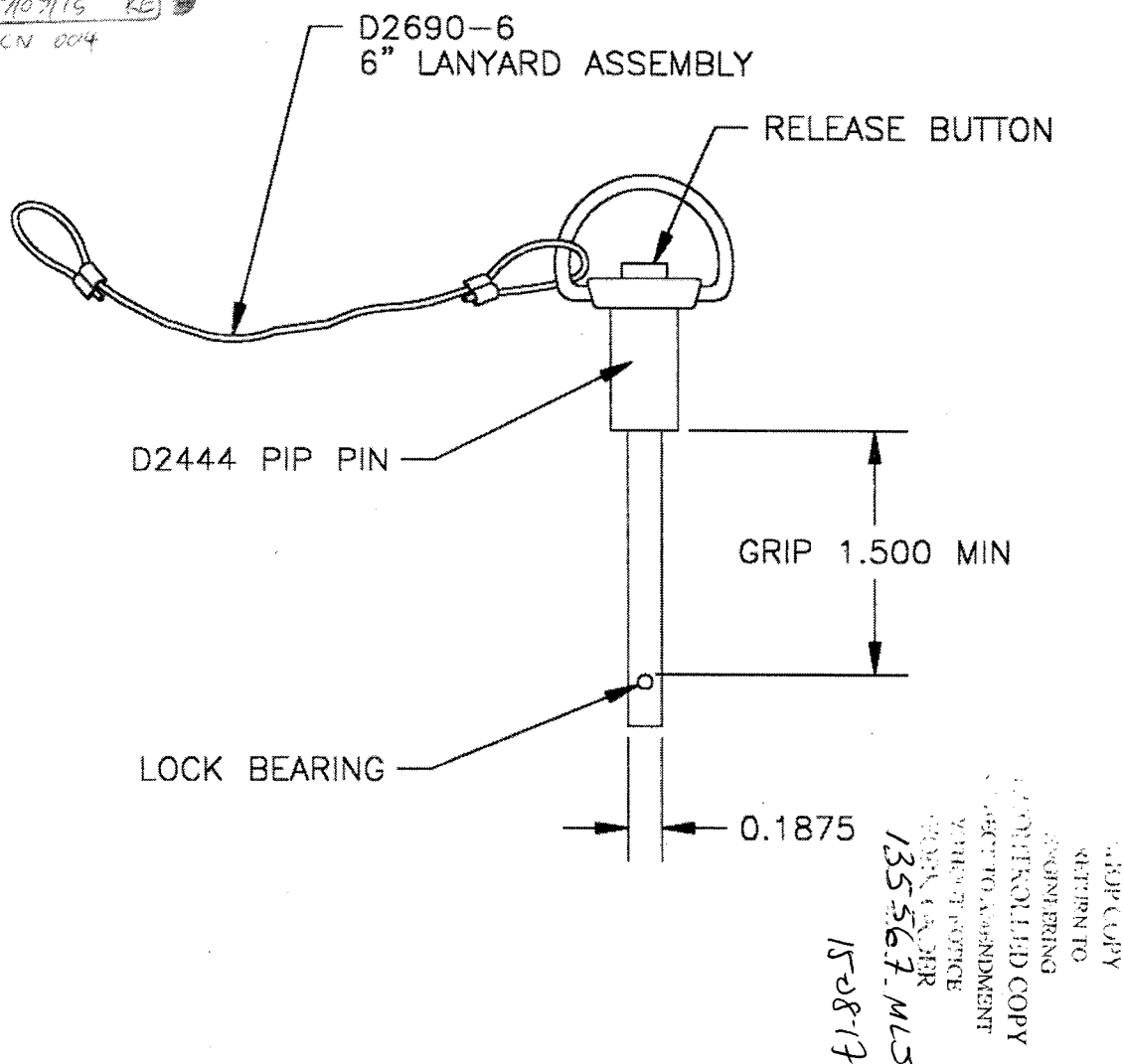


|                  |          |                                                              |                        |
|------------------|----------|--------------------------------------------------------------|------------------------|
| DESIGN           | DRAWN BY | DART AEROSPACE LTD<br>VICTORIA INTERNATIONAL AIRPORT, CANADA |                        |
| CHECKED          | APPROVED | DRAWING NO.<br>D2444                                         | REV. B<br>SHEET 1 OF 1 |
| DATE<br>97.07.15 |          | TITLE<br>PIP PIN                                             | SCALE<br>1:1           |
| A                | 95.08.31 | NEW ISSUE                                                    |                        |
| B                | 97.07.15 | ADD LANYARD PART NUMBER                                      |                        |

## SPECIFICATION CONTROL DRAWING

RELEASED  
97/07/15 KE

ECN 0014



### LIST OF POSSIBLE PIP PIN SUPPLIERS AND PART NUMBERS

AVIBANK BLC3RC15S RING HANDLE  
AVIBANK BLC3B15S BUTTON HANDLE  
AVIBANK BLC3TA15S 'T' HANDLE  
AVIBANK BLC3LA15S 'L' HANDLE